

City of San José

HIRING COMPLAINT FORM

This form is to be used by employees or applicants for employment who feel they have been treated unfairly during a recruitment/hiring process.

**Please print or type:**

Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
(optional) \_\_\_\_\_

**DETAILS OF THE INCIDENT:**

Date of Incident (if applicable): \_\_\_\_\_ Location (if applicable): \_\_\_\_\_

Name of classification (position) applied for: \_\_\_\_\_ Department: \_\_\_\_\_

Describe the incident with as much specific detail as you can recall.

---

---

---

---

---

---

(Note: Please use back of form if additional space is necessary.)

Why do you think what happened to you was wrong?

---

---

---

(Note: Please use back of form if additional space is necessary.)

**REMEDY:**

How do you think we could best remedy this situation?

---

---

---

---

---

**(For office use only)**

Date Completed: \_\_\_\_\_  
Resolution: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please return form to:**

**City of San José**  
Employee Services Department, Employment Division  
200 East Santa Clara Street, San Jose, CA 95113  
Telephone: (408) 535-1285 Fax: (408) 292-6447